The Body Temple Institute
Of Wholistic Health

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ Email address: _____

Certification Applied for: _____

Information

Your personal information will be protected

Have you ever attended a birth? (check all that apply)

☐ Yes ☐ No more than 2 ☐ A homebirth

☐ No ☐ No more than 4 ☐ Hospital

Do you use herbs and natural healing methods in your everyday life?

☐ No ☐ yes

What is your birth story and or birth inspiration to be a doula?

How did you hear about The Body Temple Institute?

☐ Facebook ☐ A friend ☐ Browsing the net

☐ Instagram ☐ Twitter ☐ Website

☐ Other _____